

The Closing the Health Care Gap Act of 2003

--Legislative Summary--

The “Closing the Health Care Gap Act of 2003” will build on successful legislation authored by Senator Frist and others to take the next bold and necessary step to reduce and eliminate health care disparities. The legislation will address five key areas necessary to close the health disparity gap in America.

Elements of the Program

1. Expanded Access to Quality Health Care

This section of the legislation will fund a number of initiatives to improve access to health care services and increase awareness of the importance of reducing health care disparities through strengthened outreach and education.

- Access and Awareness Grants. The legislation will establish a health care access and promotion grant program to provide disparity populations with greater access to and awareness of available health care services and community resources. Eligible grantees will include faith-based institutions, community health centers, and other entities or consortia able to provide a broad range of priority services. Programs eligible for grant funding will be focused on building community infrastructures that promote effective healthcare coordination and management. Emphasis will be placed on programs that offer the opportunity for ongoing community support. Strong performance and outcome evaluations will be required to ensure that these programs are achieving results. These programs will concentrate efforts in three overarching areas:
 - Providing resources and guidance to individuals regarding sources of health insurance coverage, as well as information on how to obtain health coverage in the private insurance market, through state and federal programs, and through other available coverage options.
 - Providing patient navigator services to help individuals better utilize their health coverage by working through the health system to obtain appropriate quality care.
 - Promoting broad health awareness and prevention efforts, including patient education programs to help increase patients’ knowledge of how to best participate in treatment decisions.
- Innovative Outreach Programs. Funds also will be available for other uses as determined appropriate by the Secretary of Health and Human Services, including innovative Medicaid/SCHIP outreach efforts, and interventions to target and reduce behavioral risk factors.
- Expanded Coverage for the Uninsured. Many do not have access to adequate health care because they do not have health insurance coverage. More than 40 million Americans have no health insurance coverage, and minority populations in the United States are less likely to have access to health coverage. The Fiscal Year 2004 Budget Resolution recently passed by Congress sets aside \$50 billion to expand access to uninsured Americans. Senator Frist is committed to working with his colleagues during the 108th Congress to seize this opportunity to reduce the number of uninsured by building on

bipartisan legislation to provide individuals with tax credits and other means to obtain health coverage.

2. Strong National Leadership, Cooperation, and Coordination

- Office of Minority Health. This section of the legislation would formally authorize the Office of Minority Health at the Department of Health and Human Services (HHS) and expand the mission of the office to help provide greater leadership across and throughout the Department, as well as with other federal government agencies. The responsibilities of the office would include:
 - Working with HHS agencies and with the Surgeon General of the United States to establish a national strategic plan to address health disparities.
 - Establish specific short and long-term goals for addressing health disparities, with a particular focus in the areas of health promotion, disease prevention, chronic care and research.
 - Increase awareness of disparities among health care providers, health plans, and the public.
 - Coordinate the classification and collection of health care data to allow for the ongoing assessment of disparities and monitoring of progress towards their elimination.
 - Work with federal agencies and departments outside of HHS, for example in the areas of education and housing, to maximize program resources available to reduce and eliminate disparities.
 - Fund a national minority health resource center to serve as a national resource and referral service on minority health issues.

3. Professional Education, Awareness, and Training

Majority Leader Frist has authored and supported important legislation, such as the “Health Care Safety Net Amendments of 2001”, the “Minority Health and Health Disparities Research and Education Act of 2000” and the “The Health Professions Education Partnerships Act of 1998”. This portion of the legislation would build upon and enhance a series of existing programs designed to increase the diversity and cultural sensitivity of the nation’s health care workforce.

- Workforce Diversity and Training. Reauthorize the federal Health Professions Program under Title VII of the Public Health Service Act and increase the level of federal support for the components of that program designed to increase the diversity of health professionals and the number of minority health professionals serving communities throughout the United States. These programs are critical in helping health professions institutions increase the number of underrepresented minority students and faculty to achieve a culturally competent workforce, to increasing diversity in the health professions workforce by providing funds for scholarships targeted at financially needy students from disadvantaged background (many of whom are underrepresented minorities), and to increasing the number of individuals from disadvantaged backgrounds entering and graduating from health professions in order to increase diversity in the health professions workforce affecting improved access to health care.
- Support for Historically Black Graduate Institutions. Increase the level of federal support for Historically Black Colleges and Universities.

- Model Cultural Competency Curriculum Development. Studies have shown that there often is a lack of cultural awareness and sensitivity among health professionals which can act as a barrier to quality health care services. Cultural competence generally is defined as the provision of health care services and training in the cultural context and language that is most appropriate for those individuals receiving the service or training. The legislation will authorize a series of demonstration projects to test model curricula and identify additional barriers to culturally appropriate care.

4. Enhanced Research

This portion of the legislation will encourage additional/expanded research to identify sources of racial and ethnic disparities and assess promising intervention strategies. It would also promote research on ethical issues and other barriers to eliminating disparities. Research would be conducted under the auspices of various federal agencies, including the Agency for Healthcare Research and Quality and the National Institutes of Health.

- Agency for Healthcare Research and Quality. The legislation would expand research at AHRQ to identify or develop and evaluate effective strategies that will assist providers in closing the gap between what is known and what is done in health care for minority health disparity populations and to ensure research is readily disseminated and incorporated into practice.
- National Institutes of Health. Building on the Frist-Kennedy “Minority Health and Health Disparities Research and Education Act of 2000,” the legislation also would expand research at NIH into the sources of health disparities, and increase efforts to recruit minority scientists and research professionals into the field of health disparity research.

5. Clinical Disease Prevention and Management Services

This section of the legislation would promote the development of programs to improve the quality of health care and health care services in a number of targeted areas that disproportionately impact minority and underserved populations, such as cancer, asthma, obesity, cardiovascular disease, HIV/AIDS, and infant mortality. These programs would include quality and outcomes performance measures to ensure that they are meeting their goals.